Triggering Antigen Release in Tumors Through the Introduction of Concentrated NaCL to Prompt Autoimmune Response

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Simon Edwards
Research Acceleration Initiative

Introduction

The fundamental reason why the immune system fails to recognize the presence of tumors is not because there are no suitable receptors on the exterior of solid-core tumors, but rather, because the tumors do not secrete sufficient quantities of the antigens needed to prompt a calibrated immunological response.

It is very important to understand the fundamental reason why this may be the case in certain tumors. The vast majority of potential cancers are halted by the immune system long before they cause symptoms because the immune system neutralizes the corrupted cells. It is atypical for a mutated cell to be able to evade both the safeguards of apoptosis and attack by T-cells.

Abstract

When, however, a mass of cells comes about which evades immune detection, this is because the interior fluid dynamics of the mass of cells causes the agglomeration of antigens and other chemicals in the interior of the tumor and prevents the release of antigens into the surrounding area. It is also this closed-loop dynamic which tends to lead to acidosis in tumors, which eventually triggers metastasis. This is why metastasis begins in the center of tumors and not at the boundaries. The fluid dynamic of immune-evading tumors pushes metabolic byproducts and antigens inward, toward the core and not toward the exterior. If they tended toward pushing these proteins toward the exterior, not only would acidosis and metastasis never occur, but the immune system would detect the antigens and eliminate the tumor.

Taking this hypothesis into consideration, I would posit that the most sensible approach for eradicating solid-core tumors would be the introduction of concentrated sodium chloride into the tumors beginning from a point at the exterior of the tumor and continuing to the center. The sodium chloride would hydrolyze i.e. it would force unusually large concentrations of water into the tumor. In a previous publication (ibid.,) this author discussed how excessive quantities of sodium chloride could be both the cause of and solution to the formation of “foam cells” in the lining of arteries. Just as a foam cell pregnant with cholesterol could be prompted to release the cholesterol through hydrolyzation, the fluid dynamics of tumor cells could be temporarily modified through the injection of concentrated sodium chloride.

When the endoplasmic reticuli of tumor cells are saturated with sodium chloride, the motility of antigens and other chemicals would be maximized and water would be forced into the cells. The cells could be expected to attempt, therefore, to eject the entire contents of the cell, but would be best-able to eject proteins and less able to eject water.

I would also speculate that immune-evading tumor masses may come about, fundamentally, through the chance alignments of unidirectional fluid conveyance channels which create an unusual dynamic in which fluids and the proteins carried by the fluids are trapped within clusters of cells. Only under the exceptional condition of artificial saturation by a fluid-attracting electrolyte can those unidirectional flow channels (powerful in the aggregate) be counteracted so as to force out antigens after a tumor has been established.

The most likely dynamic at the outset of a cancer, therefore, is a combination of two specific types of mutations. The first requisite mutation would be mutation which causes fluid to be conveyed only in a single direction and the second would be a mutation which causes a weaker-than-normal van der Waals bond between adjacent cells which allows rings of cells to be formed from chains of cells. The combination of an inward-facing, unidirectional fluid dynamic and formation of a ring of such cells creates a type of membrane which tends to permit nutrients to enter, but prevents metabolic byproducts from exiting, including antigens. Eventually, extreme acidosis overcomes van der Waals bonds between tumor cells, causing them to detach and spread throughout the body. This can be prevented through targeted treatment with concentrated sodium chloride with injection beginning at the exterior of the tumor and continuing as penetration is made to the core, forming a line resembling a radial line connecting the center of a circle with its circumference. That line would form the basis of a channel through which relevant antigens may exit the tumor. Even after metastasis has occurred, if all of the satellite tumors can be found, tissue-sparing nano-tubes could be used to administer the sodium chloride to the satellite tumors in order to eliminate them.

Conclusion

As sodium chloride is highly bio-compatible, it would be unlikely to cause the sort of serious side-effects typically associated with cancer treatment.